

- 1. Tracey Conroy**
- 2. Secretary General**
- 3. Runai Aire**

Review of Dublin Fire Brigade Call and Dispatch Arrangements

The purpose of this note is to update the Minister on the ongoing mediation process in relation to ambulance call and dispatch in Dublin in advance of a meeting this afternoon.

Background

Dublin Fire Brigade (DFB) provides emergency ambulance services in Dublin City and County by arrangement between Dublin City Council (DCC) and the HSE. The National Ambulance Service (NAS) also provides emergency capacity in the greater Dublin area, as well as non-emergency patient transport. Since the 1990s a number of reports have raised concerns about the existence of two separate ambulance call and dispatch centres in Dublin; one operated by the NAS and the other by DFB.

The NAS National Emergency Operations Centre (NEOC) in Tallaght is a state of the art ambulance call centre which uses up to date telephony technology and bespoke computers to aid dispatch. The technology allows staff to have visibility of all NAS ambulance resources and thus it can be guaranteed that the nearest available resource will always be dispatched by the NAS. The NEOC takes calls for the whole country apart from the Dublin area. The NEOC also comprises a resilience site in Ballyshannon, such that if there are any difficulties in Tallaght eg a power outage, the Ballyshannon centre will take over all call taking and dispatch operations. It is also noted that a Clinical Hub went live in the NEOC last week and provides an alternative model of care for some patients; certain low acuity calls will be transferred to the Hub and the caller will receive medical advice from nurses over the phone which may obviate the need for an ambulance dispatch.

Emergency calls for ambulances in the Dublin area are managed from the DFB control room in Townsend Street, Dublin; DFB personnel take calls and dispatch resources for both ambulance and fire services. However, the telephony system in Townsend St is outdated and in need of replacement; calls are dispatched over the radio. DFB has 12 ambulances and, in addition, 21 fire appliances are available to be dispatched as first responders (DFB fire fighters are also paramedics). Where DFB does not have a resource available or where the resources are deemed to be too far away, the call may be stacked to await a resource or passed over the telephone to the NEOC with a request for NAS to respond. DFB requests for NAS assistance are in the excess of 60 requests per day. More recently, DFB pass calls in batches of 10 to 15 which present increased challenges to the NAS in terms of rapid prioritisation of batched calls.

Patient Safety Risk

It is clear that the current call taking arrangements represent a patient safety risk and give rise to delays in the allocation of ambulance resources to patients, including in potentially life threatening situations. While arrangements are in place, as set out above, such that DFB make contact with the NAS over the phone to request assistance where they are not able to dispatch a resource, the system is not reliable.

We have heard many reports of persons waiting for an ambulance in Dublin when a NAS resource was nearby and available. Some time ago, the NAS Medical Director, an Emergency Medicine Consultant, was caught in a traffic jam in Dublin not knowing that the cause of the jam was a road traffic accident just ahead of him. Had he been aware of the incident he could have used his blue light to get to the scene quickly and provide assistance. A recent caller to Joe Duffy's Lifeline Programme complained of an ambulance delay in Drumcondra as the elderly patient lay on the floor after a fall. HSE communications heard the report, made contact with RTE to get the patient's address, and immediately dispatched the nearest available resource. NAS paramedics were attending to the patient when the DFB fire tender arrived. These are just two examples where lack of integration is putting patients at risk; we are also undermining public confidence in our services.

H IQA Review of pre-hospital emergency care

In December 2014, HIQA published a review of pre-hospital emergency care. A series of recommendations was made in relation to Dublin services, to address patient safety issues, reduce risk and improve cooperation between the NAS and DFB. HIQA wrote to DCC in 2016, indicating that the current arrangements for call and dispatch represent an unacceptably high risk to patients given the regular delay in the allocation of ambulance resources to patients, including a high number of potentially life threatening calls, due to a combination of;

- DFB's ongoing inability to see all available potential resources (both DFB and NAS) at the point of initial dispatch, and a reliance on individual contact with the NAS over the phone to enable supplementary resource allocation where available.
- Apparent insufficient collective emergency ambulance capacity in the Dublin area.

In light of the correspondence, and to mitigate any risk to patients, additional NAS resources were deployed to Dublin.

[REDACTED]

Trade Union Forum

DCC established a trade union consultative forum to work towards securing agreement on a model of operation to address the recommendations of the HIQA Report. That forum established an Expert Panel which proposed a ‘technical solution’ such that the call and dispatch function is retained in DFB but the NEOC has sight of the ambulance resources on the NEOC system. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Mediation Process

A mediation process, led by Kieran Mulvey, between DCC and SIPTU/IMPACT has been underway for some time. Following several meetings and both formal and informal discussions, DCC and the HSE put forward the following revised proposals:

- All ambulance calls will be routed to the NEOC in Tallaght
- DFB will establish and staff a Dublin Emergency Ambulance Dispatch operation at the NEOC in Tallaght moving from its existing location at Townsend Street under a joint governance arrangement.
- The Dublin Dispatch desk(s) will dispatch all emergency ambulances in the Dublin area i.e. DFB’s current fleet of emergency ambulances (12) and NAS ambulances.
- The HSE will immediately provide and fund an additional 24/7 ambulance for DFB and will commit to a further review of capacity requirements.
- HSE/DCC will jointly and strongly pursue the resolution of outstanding funding issues relating to the DFB emergency ambulance service.
- DCC and the HSE will establish a permanent management governance arrangement – DCC/DFB and HSE/NAS, building on the positive work being carried out by the interim Governance Structure already in place following the HIQA Review (2014).
- DFB will continue to take calls and dispatch its Fire Tenders from Townsend Street.

At a meeting on 7th February last, the trade union side indicated that they are prepared to accept that the call taking function should go to NEOC but insist that resources should continue to be

dispatched by DFB personnel located in Townsend Street. On patient safety grounds, DCC and HSE could not concede the retention of the dispatch function in Townsend St.

DCC has also confirmed that the Council is not prepared to make any further investment in the DFB emergency ambulance service (e.g. development of a clinical hub, new technology etc.) in circumstances where the compromise solution provides for the establishment of a DFB presence in the NEOC, and the extension of NAS technology to DFB, at no cost to DCC. The compromise proposal also provides a mechanism to ensure full funding by the HSE of the DFB emergency ambulance service and the provision of additional ambulance capacity for DFB.

At the eleventh hour, when it seemed the only option open to the Mediator was a referral to the WRC, the Union representatives requested additional time to consider the issues; a further meeting is scheduled for today March 5th.

Department's Positon

It is clear that the current arrangements for ambulance call taking and dispatch in Dublin represent an unacceptably high risk to patients and it must be addressed as a matter of priority.

While noting that the transfer of Dublin call taking and dispatch to the NEOC will have funding implications for the HSE, with full year costs in the region of €2.2m, it is considered that the proposal to offer DFB a dispatch desk in the NEOC is the only possible solution as it will ensure operational alignment between the DFB and the NAS. DFB personnel will dispatch all resources in the Dublin area; additional call takers will however be required in the NEOC as some DFB call takers will remain in Townsend St to deal with fire calls. The proposal also offers additional ambulance resources to DFB and appropriate funding of the DFB ambulance service into the future.

The alternative proposed by the Unions to retain dispatchers in Townsend St is not viable and would not make any sense from an economic perspective. Substantial additional investment would be required to effectively replicate the Ballyshannon centre in Townsend St. The provision of a 3rd centre and a 2nd resilience site is totally unnecessary given that the NEOC system has the capacity to take and dispatch Dublin calls. [REDACTED]

[REDACTED] Best practice is to ensure that call takers and dispatchers work in close proximity which would not be the case if the Dublin calls were routed through the NEOC but dispatched from Townsend St. We have been advised that all of the proposed technical solutions have been independently examined but none of them assuage the patient safety concerns.

The current difficulties emanate from a lack of integration and thus can only be resolved by providing a joined up, integrated service from a shared location. The DFB personnel, while working from the NEOC, will continue to report through the DFB management structures, will retain their own branding, identity, career pathways etc. What is proposed is the development of a partnership approach to service delivery which would be overseen by a person agreed by both sides.

The Department is cognisant of the very long tradition of service provided by DFB to the people of Dublin and has no wish to see this change. [REDACTED]

[REDACTED] We cannot oversee a situation where the people of Dublin receive an inferior service to the rest of the country. Dublin is the only area where we cannot guarantee the dispatch of the nearest resource; Dublin is the only area of the country that does not have access to the Clinical Hub. Therefore, every call in Dublin will result in the dispatch of an ambulance to bring the patient to an ED, whether the patient needs to be transported or not.

The proposal put forward by the HSE/DCC will see the DFB continue to provide emergency ambulance services in Dublin. The commitment to the provision of additional resources and to address current funding deficits which forms part of the proposal, should be regarded as a vote of confidence in the future of DFB ambulance service provision.

Joan Regan
Acute Hospital Policy Unit 3
5th March 2018

1. Tracey Conroy
2. Secretary General
3. Runai Aire

Dublin Ambulance Services

1. Background

In December 2014, HIQA published a review of pre-hospital emergency care. A series of recommendations were made in relation to Dublin services, to address patient safety issues, reduce risk and improve cooperation between the National Ambulance Service (NAS) and Dublin Fire Brigade (DFB).

HIQA wrote to Dublin City Council (DCC) in 2016, indicating that the current arrangements represent an unacceptably high risk to patients given the regular delay in the allocation of ambulance resources to patients, including a high number of potentially life threatening Delta calls, due to a combination of;

- DFB's ongoing inability to see all available potential resources (both DFB and NAS) at the point of initial dispatch, and a reliance on individual contact with the NAS over the phone to enable supplementary resource allocation where available.
- Apparent insufficient collective emergency ambulance capacity as currently resourced and deployed by both the DFB, and the NAS in the Dublin area.

In light of the correspondence and to mitigate any risk to patients, additional NAS resources were deployed to Dublin.

HIQA published their review on progress made to implement the 2014 report on March 24th 2017. HIQA found that while there is evidence of much better relationships between the NAS and DFB, risks remain and an agreed plan to deal with these risks is required. Separation of call and dispatch roles has not yet occurred in DFB, contrary to recommendations made by HIQA in 2014.

2. Mediation process

A mediation process between DCC and SIPTU/IMPACT, mediated by Kieran Mulvey, is underway in relation to Dublin Ambulance Services. The mediation process is concerned with the transfer of call taking and dispatch from DFB to the NAS.

The Department has engaged with the Department of Housing, Planning Community and Local Government in relation to this issue. Both Departments share the view that:

1. In the interest of patient safety, all call taking and ambulance dispatch functions should transfer to the NEOC in Tallaght.
2. DCC and the HSE should put a service arrangement in place, setting out the level of ambulance services to be provided by DFB; funding provided by the HSE to DCC should appropriately reimburse the DCC for the quantum of service provided by DFB.
3. Additional ambulance capacity is required in Dublin; discussions will be necessary to determine how that additional capacity is best provided.

The transfer of the call and dispatch functions to the National Emergency Operations Centre is a patient safety issue and successive reports have highlighted the risk presented with our current call taking arrangements. Dublin is the only area in Ireland where it cannot be guaranteed that the nearest ambulance will always be dispatched to a patient's ambulance call.

[REDACTED]

[REDACTED]. The Department is awaiting the conclusion of the mediation process. DCC informed the Department that they are attempting to arrange a final meeting between DCC, HSE and DFB trade unions in order to make progress regarding the current situation.

Joan Regan
Acute Hospitals Policy Unit 3
January 2018

1. Tracey Conroy
2. Secretary General
3. Runai Aire

Dublin Ambulance Call and Dispatch Services

Since the 1990s a number of reports have raised concerns about the existence of two separate ambulance call and dispatch centres in Dublin - National Ambulance Service (NAS) and Dublin Fire Brigade (DFB). It is clear that the current call taking arrangements represent a patient safety risk and give rise to delays in the allocation of ambulance resources to patients, including in potentially life threatening situations. As the NAS does not have visibility of DFB resources (and vice versa), Dublin is the only area in the country where it cannot be guaranteed that the nearest ambulance will always be dispatched to a patient. While arrangements are in place such that DFB make contact with the NAS over the phone to request assistance where they are not able to dispatch a resource, the system is not reliable. HIQA wrote to Dublin City Council (DCC) in 2016 indicating that the current arrangements represent an unacceptably high risk to patients.

The Department has engaged with the Department of Housing, Planning and Local Government on this issue and both Departments share the view that:

1. In the interest of patient safety, all call-taking and ambulance dispatch functions should transfer to the National Emergency Operations Centre (NEOC).
2. DCC and the HSE should put a service arrangement in place, setting out the level of ambulance services to be provided by DFB; funding provided by the HSE to DCC should appropriately reimburse the DCC for the quantum of service provided by DFB.
3. Additional ambulance capacity is required in Dublin; discussions will be necessary to determine how that additional capacity is best provided.

DCC and the HSE have been working together to resolve the issue and proposals have been put forward which would see the DFB call and dispatch function transfer to the NEOC. A mediation process between DCC and SIPTU/IMPACT has been underway for some time. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Submitted for information.

1. Tracey Conroy
 2. Secretary General
 3. Runai Aire

Dublin Ambulance Services

SIPTU members of Dublin Fire Brigade (DFB) have today voted in favour of industrial action over concerns about ambulance capacity in Dublin.

The results of the ballot reflect a wider unrest in DFB around the future of fire based emergency medical services. This unrest has been fuelled by the HIQA (2014) report on ambulance services, which highlighted significant public safety issues arising from two ambulance services operating in the same domain, [REDACTED]

1. In the interest of patient safety, all call taking and ambulance dispatch functions should transfer to the National Emergency Operations Centre in Tallaght.
 2. Dublin City Council (DCC) and the HSE should put a service arrangement in place, setting out the level of ambulance services to be provided by DFB; funding provided by the HSE to DCC should appropriately reimburse the DCC for the quantum of service provided by DFB.
 3. Additional ambulance capacity is required in Dublin; discussions will be necessary to determine how that additional capacity is best provided.

Joan Regan
Acute Hospitals Policy Unit 3
17th Feb 2017

Review of Dublin Fire Brigade Call and Dispatch Arrangements

Summary

Since the 1990s a number of reports have raised concerns about the existence of two separate ambulance call and dispatch centres in Dublin – The National Emergency Operations Centre (NEOC) for the National Ambulance Service (NAS) and Dublin Fire Brigade's (DFB) call and dispatch room on Townsend Street. Dublin is the only area in the country where it cannot be guaranteed that the nearest ambulance will always be dispatched to a patient as the NAS does not have visibility of DFB resources (and vice versa). It is clear that the current call taking arrangements represent a patient safety risk and give rise to delays in the allocation of ambulance resources to patients, including in potentially life threatening situations. While arrangements are in place such that DFB make contact with the NAS over the phone to request assistance where they are not able to dispatch a resource, the system is not reliable. HIQA wrote to Dublin City Council (DCC) in 2016 indicating that the current arrangements represent an unacceptably high risk to patients.

While technical solutions have been proposed such that call and dispatch functions are retained in DFB but NEOC having sight of the ambulance resources on the NEOC system, [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
In view of the safety issues, the Department is not in position to offer a compromise on this issue.

The HSE has undertaken a significant reform programme in recent years, to reconfigure the management and delivery of pre-hospital care services which includes plans to develop alternative pathways of care such as the *Hear and Treat* model of care. DCC informed the HSE that they were not prepared to make this significant investment in technology and personnel to match this model within DFB which is further concern that the people of Dublin will receive a lower standard of pre-hospital emergency care and will give further rise to patient safety issues.

Background

DFB provides emergency ambulance services in Dublin City and County, by arrangement between DCC and the HSE. NAS also provides emergency capacity in the greater Dublin area, as well as non-emergency patient transport.

Emergency calls for ambulances in the Dublin area are answered by fire service controllers in their bespoke fire and ambulance control room in Townsend Street, Dublin. These ambulance calls are triaged using the AMPDS system and dispatched over radio to one of the 12 ambulances operated by DFB supported by 21 fire appliances. In the event that DFB ambulance have no resources available or that all resources are deemed to be too far away, the call may be passed over the telephone to the NAS NEOC in Tallaght with a request for NAS to attend.

Given the lack of resources identified in the Capacity Review, both nationally and within the Dublin area, there is a constant need for the DFB to request attendance by the NAS to calls. The Director of

NAS stated that DFB request for assistance may be made in excess of 60 times per day. In recent times, DFB has passed calls in batches in excess of 10 to 15 which present increased challenges regarding rapid prioritisation of these batched calls.

The very significant difficulty that is presented is that neither of the control centres have full visibility of the totality of the ambulance resource available as the technical systems are different and not integrated. As such, the DFB control centre does not have visibility of the workload being experienced by the NAS in the NEOC and as such does not have visibility of NAS ambulances resources. Equally, the NEOC does not have visibility of the workload being experienced by the DFB centre in Townsend Street or visibility of DFB resources.

National Ambulance Service

The NAS has undertaken a significant reform programme in recent years, to reconfigure the management and delivery of pre-hospital care services. The objective is to develop a clinically driven, nationally co-ordinated system, supported by improved technology.

- The single national control centre project has now been completed, and all nine regional control centres have migrated to the NEOC. NAS auditing of the control centre function meets international standards and has enabled the service to achieve international accreditation with respect to call handling. The NAS is fully accredited as a centre of excellence nationally.
- The HIQA review of progress made on its 2014 report, published in March 2017, commended the significant improvements NAS has made in terms of planning, workforce and fleet.
- The clinical hub in the NEOC, which will facilitate the rollout of a *Hear and Treat* model of care, is currently going through a quality assurance phase and is expected to go live shortly.
- The first phase of the NAS electronic patient care record has gone live in the South.

The DFB emergency ambulance service will increasingly be left behind unless it embraces these changes. In addition, the DFB model whereby every emergency ambulance case ends up in a hospital emergency department is not sustainable.

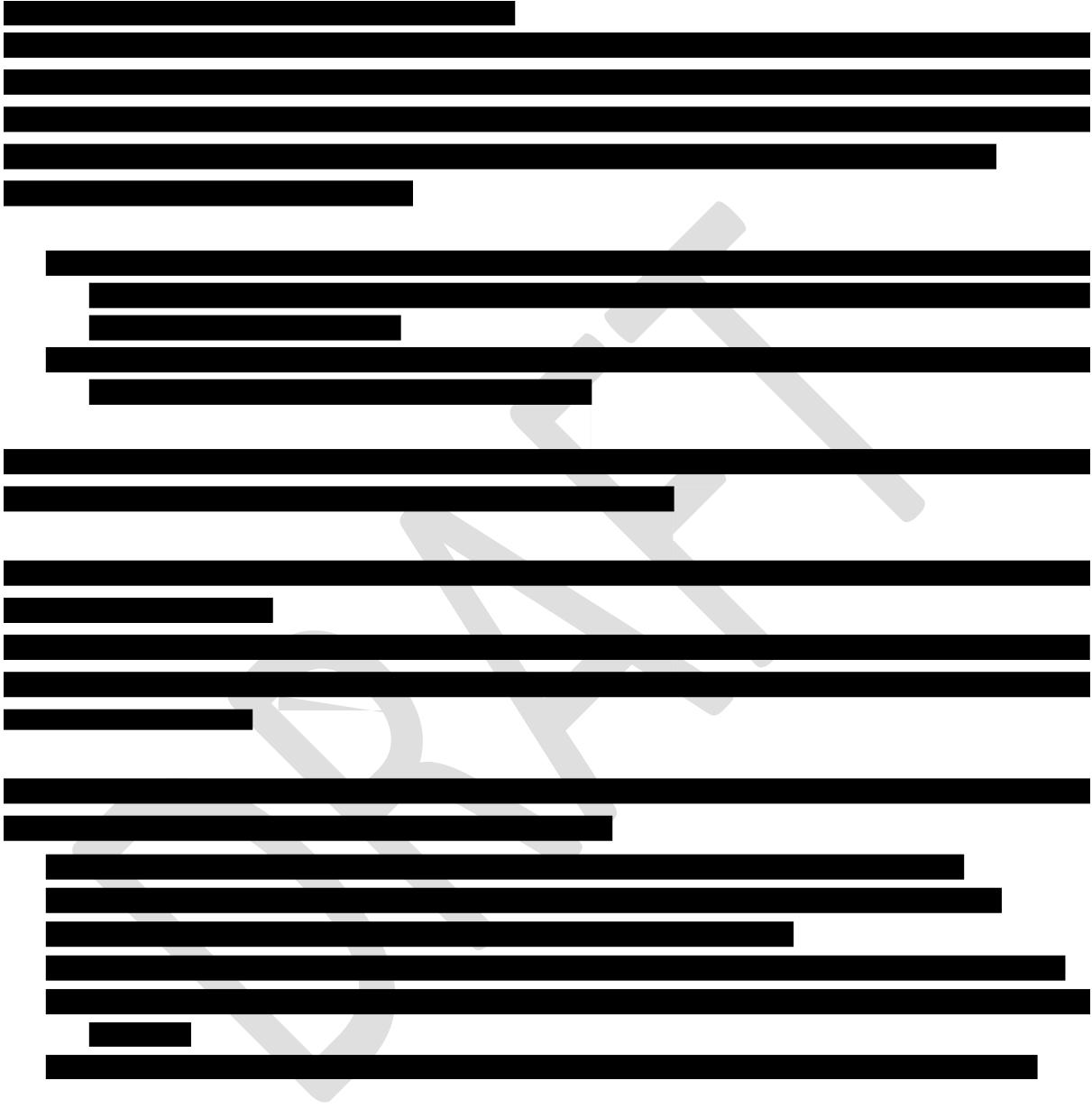
HIQA Review of pre-hospital emergency care

In December 2014, HIQA published a review of pre-hospital emergency care. A series of recommendations were made in relation to Dublin services, to address patient safety issues, reduce risk and improve cooperation between the NAS and DFB. HIQA wrote to DCC in 2016, indicating that the current arrangements for call and dispatch represent an unacceptably high risk to patients given the regular delay in the allocation of ambulance resources to patients, including a high number of potentially life threatening Delta calls, due to a combination of;

- DFB's ongoing inability to see all available potential resources (both DFB and NAS) at the point of initial dispatch, and a reliance on individual contact with the NAS over the phone to enable supplementary resource allocation where available.
- Apparent insufficient collective emergency ambulance capacity as currently resourced and deployed by both the DFB, and the NAS in the Dublin area.

In light of the correspondence and to mitigate any risk to patients, additional NAS resources were deployed to Dublin.

H IQA published their review on progress made to implement the 2014 report on March 24th 2017. HIQA found that while there is evidence of much better relationships between the NAS and DFB, risks remain and an agreed plan to deal with these risks is required. Separation of call and dispatch roles has not yet occurred in DFB, contrary to recommendations made by HIQA in 2014.

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Technology Solution put forward by Trade Union Forum

Following the publication of the HIQA Report in 2014, DCC established a trade union consultative forum to work towards securing agreement on a model of operation to address the recommendations of the HIQA Report. The consultative forum sought submissions from DCC, the HSE, DFB Management and SIPTU/Impact. That forum established an Expert Panel who prepared a report which provides an alternative proposal in relation to call taking and dispatch functions.

Technical solutions have been proposed by this Expert Panel. A proposal was put forward such that call and dispatch functions are retained in DFB but the NEOC has sight of the ambulance resources on the NEOC system; however, this would not resolve the difficulty and time it takes for two

separate dispatch functions to deploy ambulance resources. This level of integration between the DFB and NEOC systems would also introduce several risks around missing calls between systems due to software failures or outages.

[REDACTED]

[REDACTED]

[REDACTED]

Mediation Process

A mediation process between DCC and SIPTU/IMPACT has been underway for some time, with Kieran Mulvey appointed as mediator. Following several meetings and both informal and formal discussions DCC in agreement with the HSE put forward the following revised proposals through the mediation process:

- DFB will establish and staff a Dublin Emergency Ambulance Dispatch operation at the NEOC in Tallaght moving from its existing location at Townsend Street under a joint governance arrangement.
- The Dublin Dispatch desk(s) will be responsible for the dispatch of all emergency ambulances in the Dublin area (i.e. DFB's current fleet of emergency ambulances (12) and NAS ambulances).
- All calls for the Ambulance Service will be transferred from Townsend Street to the NEOC in Tallaght – Calls for this service from **all** parts of the country will then be routed to the NEOC.
- The HSE will immediately provide and fund an additional 24/7 ambulance for the DFB operation and will commit to a further review of capacity requirements after the joint operation has been established and had time to settle in.
- HSE/DCC will jointly and strongly pursue the resolution of outstanding funding issues relating to the DFB emergency ambulance service.
- DCC and the HSE will establish a permanent management governance arrangement – DCC/DFB and HSE/NAS, building on the positive work being carried out by the interim Governance Structure already in place following the first HIQA Review in December 2014.
- DFB will continue to take calls and dispatch its Fire Tenders from its control centre at Townsend Street.

At a meeting that took place on 7th February last, the trade union side indicated that they are prepared to see the call taking function go to NEOC and the dispatch function being carried out by DFB personnel, but DFB personnel must be located in Tara Street. However, the HSE advised that this could not happen as to ensure the nearest available ambulance resource is always dispatched the Dublin dispatch desk must be operated in NEOC adjacent to other dispatch desks.

DCC confirmed that it is not prepared to make any further investment in the emergency ambulance service (e.g. development of a clinical hub, new technology etc. similar to that of the NEOC) when the HSE compromise solution provides for the HSE to extend their technology to DFB at no cost to DCC, provided the compromise on call taking and dispatch is accepted. The compromise proposal also provides a mechanism to secure full funding of the DFB emergency ambulance service and the possibility of additional DFB ambulances fully funded by the HSE.

1. Tracey Conroy
2. Secretary General

Dublin Ambulance Services

My previous note of 17th Feb refers – copy attached.

[REDACTED]

[REDACTED]. We continue to engage with DHPCLG and have arranged to meet next week to further discuss. In the meantime we will examine the documentation and prepare a draft Memo for Government which we hope to bring to Government jointly with the DHPCLG.

The issue remains contentious and of course SIPTU has a strike mandate from their Dublin Fire Brigade (DFB) members. While our understanding was that the ballot was in relation to concerns about ambulance capacity in Dublin, the media statement from SIPTU following the vote, referred to '*the break up the DFB Emergency Medical Service by outsourcing its ambulance call and dispatch function*'. We have asked DHPCLG to provide information on the motion put to the ballot but it appears that neither the DHPCLG nor the Dublin City Council have that information.

It has also come to our attention that IMPACT has held a ballot to ensure that '*DFB employers do not withdraw from their commitment to provide adequate ambulance provision for the city of Dublin*'. The motion put to ballot was '*to seek an acceptable solution that provides for the Health, Safety and Welfare of our members while they carry out their duties, in line with the recommendations of DFB management and the findings of the DFB Ambulance Forum Expert Panel*'. I am not aware of the outcome of the ballot and have not seen any reference to the ballot in the media. Indeed, DHPCLG was not aware of the IMPACT ballot at all. It is noted that IMPACT represent a minority of DFB personnel – SIPTU represents the majority. In any event, strike notice has not yet been served by either Union; I understand that 10 days notice is required.

[REDACTED]

[REDACTED] This is a patient safety issue and successive reports have highlighted the risk presented with our current call taking arrangements. The forthcoming HIQA report will undoubtedly highlight that there has been no progress to resolve this difficulty since their 2014 report. In view of the safety issues, we are not in position to offer a compromise. [REDACTED]

[REDACTED]

Submitted for information.

BRIEFING NOTE FOR PRIVATE MEMBERS BUSINESS

19th June 2018

DUBLIN FIRE BRIGADE

1. Background

Dublin Fire Brigade (DFB) provides emergency ambulance services in Dublin City and County, by arrangement between Dublin City Council (DCC) and the HSE. The HSE National Ambulance Service (NAS) also provides emergency capacity in the greater Dublin area, as well as non-emergency patient transport.

Emergency 999/112 ambulance calls made in Dublin are transferred by the Emergency Call Answering Service to either the DFB (East Region Communication Centre) or to the NAS National Emergency Operations Centre (NEOC) depending on from where in Dublin the call originated.

While there are mechanisms for the two providers to transfer calls between each other, this by its nature, carries inherent risks and can give rise to delays with adverse implications for patients. In addition, each provider only has visibility of their own resources and therefore it is not possible to ensure that the nearest available resource is dispatched to emergency calls in the Dublin area.

2. Fire Based EMS and Funding

DFB has 12 emergency ambulances, crewed by paramedic-qualified firefighters. 11 of these are funded by the HSE, at a cost of €9.3m per annum. The HSE and DCC are in talks around the funding versus the cost of delivering ambulance services in this model. There is a long standing question as to whether the DCC are appropriately reimbursed for the level of services provided.

3. Mediation Process

A mediation process, led by Kieran Mulvey, between DCC and SIPTU/IMPACT has been underway for some time. Following several meetings and both formal and informal discussions, DCC and the HSE put forward the following revised proposals:

- All ambulance calls will be routed to the NEOC in Tallaght
- DFB will establish and staff a Dublin Emergency Ambulance Dispatch operation at the NEOC in Tallaght moving from its existing location at Townsend Street under a joint governance arrangement.
- The Dublin Dispatch desk(s) will dispatch all emergency ambulances in the Dublin area i.e. DFB's current fleet of emergency ambulances (12) and NAS ambulances.
- The HSE will immediately provide and fund an additional 24/7 ambulance for DFB and will commit to a further review of capacity requirements.
- HSE/DCC will jointly and strongly pursue the resolution of outstanding funding issues relating to the DFB emergency ambulance service.

- DCC and the HSE will establish a permanent management governance arrangement – DCC/DFB and HSE/NAS, building on the positive work being carried out by the interim Governance Structure already in place following the HIQA Review (2014).
- DFB will continue to take calls and dispatch its Fire Tenders from Townsend Street.

At a meeting on 7th February last, the trade union side indicated that they are prepared to accept that the call taking function should go to NEOC but insist that resources should continue to be dispatched by DFB personnel located in Townsend Street. On patient safety grounds, DCC and HSE could not concede the retention of the dispatch function in Townsend Street.

DCC has also confirmed that the Council is not prepared to make any further investment in the DFB emergency ambulance service (e.g. development of a clinical hub, new technology etc.) in circumstances where the compromise solution provides for the establishment of a DFB presence in the NEOC, and the extension of NAS technology to DFB, at no cost to DCC. The compromise proposal also provides a mechanism to ensure full funding by the HSE of the DFB emergency ambulance service and the provision of additional ambulance capacity for DFB.

At the eleventh hour, when it seemed the only option open to the Mediator was a referral to the WRC, the Union representatives requested additional time to consider the issues; a further meeting was scheduled for March 5th. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

3.1 Department's position on revised proposals

It is clear that the current arrangements for ambulance call taking and dispatch in Dublin represent an unacceptably high risk to patients and it must be addressed as a matter of priority.

While noting that the transfer of Dublin call taking and dispatch to the NEOC will have funding implications for the HSE, with full year costs in the region of €2.2m, it is considered that the proposal to offer DFB a dispatch desk in the NEOC is the only possible solution as it will ensure operational alignment between the DFB and the NAS. DFB personnel will dispatch all resources in the Dublin area; additional call takers will however be required in the NEOC as some DFB call takers will remain in Townsend Street to deal with fire calls. The proposal also offers additional ambulance resources to DFB and appropriate funding of the DFB ambulance service into the future.

The alternative proposed by the Unions to retain dispatchers in Townsend Street is not viable and would not make any sense from an economic perspective. Substantial additional investment would be required to effectively replicate the Ballyshannon centre in Townsend Street. The provision of a 3rd centre and a 2nd resilience site is totally unnecessary given that the NEOC system has the capacity to take and dispatch Dublin calls. [REDACTED]

[REDACTED] Best practice is to ensure that call takers and dispatchers work in close proximity which would not be the case if the Dublin calls were routed through the NEOC but dispatched from Townsend Street. The Department has

been advised that all of the proposed technical solutions have been independently examined but none of them assuage the patient safety concerns.

The current difficulties emanate from a lack of integration and thus can only be resolved by providing a joined up, integrated service from a shared location. The DFB personnel, while working from the NEOC, will continue to report through the DFB management structures, will retain their own branding, identity, career pathways etc. What is proposed is the development of a partnership approach to service delivery which would be overseen by a person agreed by both sides.

The Department is cognisant of the very long tradition of service provided by DFB to the people of Dublin and has no wish to see this change. However, it is clear that DFB emergency ambulance service will increasingly be left behind unless it embraces the changes proposed. The Department cannot oversee a situation where the people of Dublin receive an inferior service to the rest of the country. Dublin is the only area where we cannot guarantee the dispatch of the nearest resource; Dublin is the only area of the country that does not have access to the Clinical Hub. Therefore, every call in Dublin will result in the dispatch of an ambulance to bring the patient to an ED, whether the patient needs to be transported or not.

The proposal put forward by the HSE/DCC will see the DFB continue to provide emergency ambulance services in Dublin. The commitment to the provision of additional resources and to address current funding deficits which forms part of the proposal, should be regarded as a vote of confidence in the future of DFB ambulance service provision.

4. Reports on the ambulance service in the Dublin area carried out

Since the 1990s a number of reports have raised concerns about the existence of two call and dispatch centres in Dublin.

4.1 1993 Report of the Review on Ambulance Services

The 1993 Report of the Review on Ambulance Services proposed that the two organisations in Dublin should function as a single entity using a single command and control facility. A subsequent review was conducted in 2001 (2001 Strategic Review of the Ambulance Service) which also promoted a single command and control centre and no duplication of services.

4.2 2007 Review of Ambulance Service Provision within Dublin City and County

DCC and HSE conducted a comprehensive review in 2007 which found that many of the goals of the 1993 review had not been fully implemented. The review identified 15 key recommendations underpinned by the principle that any member of the public or health professional should have a single point of contact with the emergency ambulance services serving Dublin City and County and receive a response from the nearest appropriate emergency care resource in the shortest time possible. Once again an integrated command and control unit was advocated.

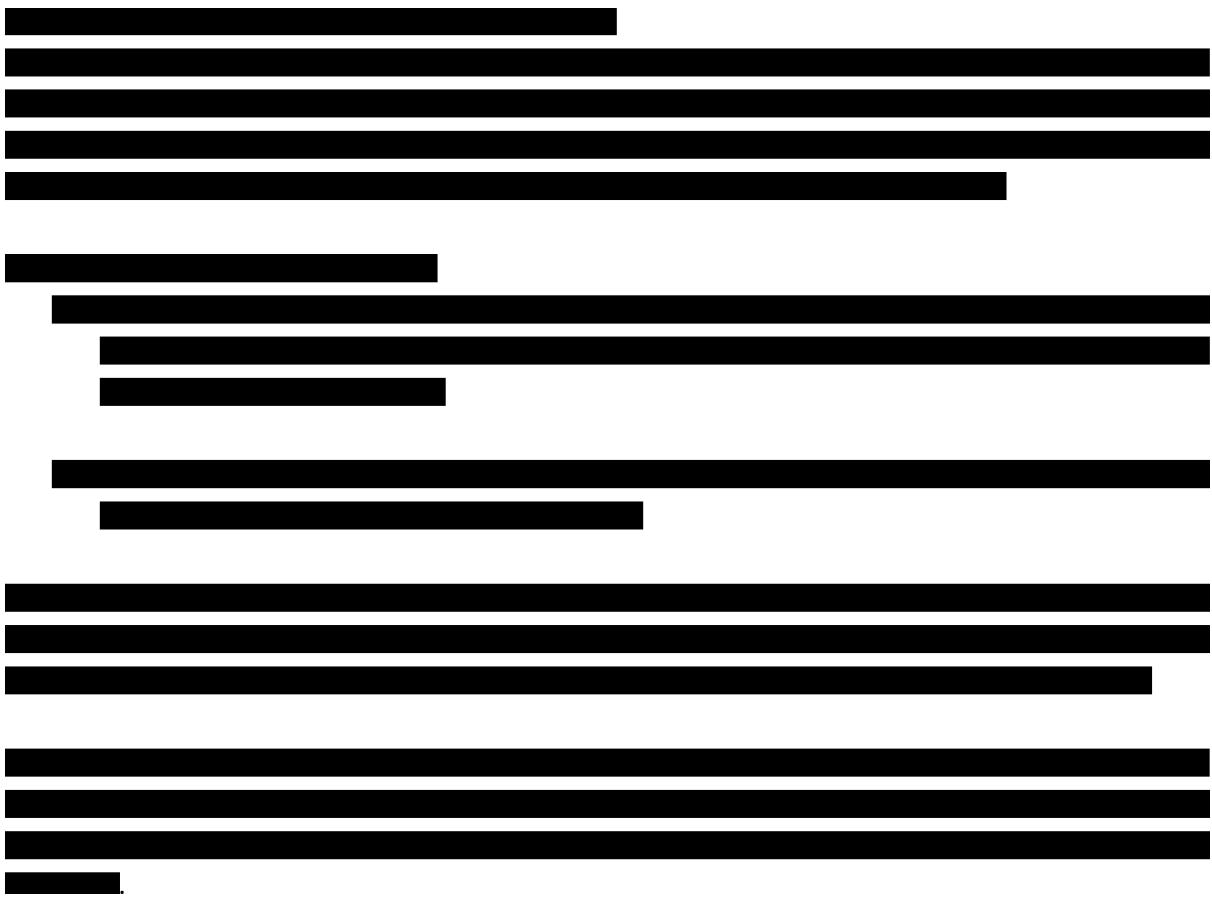
4.3 NAS Capacity Review

The Review identifies deficits in NAS capacity and points to the need for a multi-annual programme involving phased investment in manpower, vehicles and technology. The review notes that even on the assumption that the NAS is fully resourced and operating to international good practice

standards in all of its operational processes, the HIQA prescribed target of 80% ECHO and DELTA (life threatening and potentially life threatening) calls in 8 minutes cannot be achieved.

The Capacity Review identified a requirement for increased ambulance services in the eastern region, which covers Dublin, Kildare and Wicklow. It identified a requirement for 20 – 25 additional emergency resources in the eastern area, primarily comprising Rapid Response Vehicles. A rapid response vehicle is manned by a single Advanced Paramedic and provides an initial response to high priority emergency calls.

It also identified the requirement for the migration of all call taking and dispatch of ambulances in Dublin to the NEOC in order to ensure a safer and more responsive service. Another recommendation was introducing dynamic deployment of DFB and NAS resources in the Dublin area.

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4.5 HIQA Review

In December 2014, HIQA published a review of pre-hospital emergency care. It made a series of recommendations on Dublin services, to address patient safety issues, reduce risk and improve cooperation between the NAS and DFB.

Prior to January 2015, DFB and the NAS shared a control centre at Townsend Street (Tara St Fire Station). As HIQA noted, the agencies worked independently, with different IT systems. In January 2015, the NAS moved its call centre to the new NEOC in Tallaght. An interim protocol between DFB

and the NAS addresses identified risks associated with the transfer of calls from Townsend Street to Tallaght.

While a good level of cooperation now exists between the NAS and DFB in providing a service to Dublin City and County, difficulties persist in relation to the volume of calls received by the DFB service, with calls having to be “stacked” where no DFB ambulance resource is available to respond to a call. DFB requests for NAS assistance are in the excess of 60 requests per day. More recently, DFB pass calls in batches of 10 to 15 which present increased challenges to the NAS in terms of rapid prioritisation of batched calls.

5. HIQA Review recommendations

The HIQA review on ambulance services, which was published in December 2014, highlighted significant public safety issues arising from two ambulance services operating in the same domain.

The final HIQA report had twelve recommendations, eight of which were jointly assigned to the HSE and DCC for implementation. The report identified concerns around the existence of two separate control and dispatch processes, and also highlighted the need for greater clinical governance of both services.

Progress has been made in the implementation of the HIQA recommendations over the past two years including:

- Establishment of a joint governance arrangement at both senior management and at operations level between the two organisations.
- Establishment and operation of joint clinical governance arrangements.
- Work on the development of a Service Agreement between the HSE and DCC has commenced.
- DCC and DFB have been involved in the development of a five year Strategic Plan for pre-hospital emergency care in the Dublin area.
- There is agreement between the HSE and DCC on the preferred direction for emergency ambulance call taking and dispatch in the Dublin area.
- There is a commitment to work together on a range of areas including ICT, fleet and equipment.

In 2017, HIQA published their review on progress made to implement the 2014 report. HIQA identified high risk in relation to Dublin ambulance services which stems from an overall capacity deficit and arrangements for call handling and dispatch. HIQA found that current arrangements can result in a high number of potentially life threatening calls being queued by DFB rather than receiving an immediate response. Where NAS is in a position to assist DFB with queued calls, vital minutes are lost during the process of call transfer from the DFB to the NAS. Arrangements in place do not ensure that the nearest appropriate resource is dispatched to emergency calls in the Dublin area, and as a result patients are placed at risk due to potentially avoidable delay in dispatching a resource.

H IQA is of the view that the situation has worsened since 2014 due to increased demand for services and the fact that resource levels in Dublin have remained unchanged. During the course of the review, HIQA escalated concerns relating to ambulance capacity in Dublin. In response, the joint DCC/HSE governance group commissioned an external review to determine how best to deploy resources in Dublin, and re-examine the on-going approach to call handling and dispatch. That review concluded that, while the identity of the service providing the response was of less concern, there was a need to transition to a single point of call handling and dispatch to ensure that potential delay, that was inherent in the current process of call handling and dispatch in Dublin, could be avoided.

Following the review, DCC and HSE continued to engage on the integration of call handling and dispatch. Additional NAS resources were provided in Dublin and it was agreed that priority would be placed upon resource allocation to address DELTA calls so that queuing of these potentially life threatening cases would be minimised.

H IQA concluded that on-going lack of senior decision making, and a collective long term strategy outlining the future provision of services in Dublin, remains a barrier to collective ambulance service improvement.

6. Trade Union Forum

DCC established a trade union consultative forum to work towards securing agreement on a model of operation to address the recommendations of the HIQA Report. That forum established an Expert Panel which proposed a ‘technical solution’ such that the call and dispatch function is retained in DFB but the NEOC has sight of the ambulance resources on the NEOC system. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

7. Technological Solution to Call and Dispatch

A technical solution of a single call taking and dispatch system for Ireland which is already in place within the NAS across two sites has been proposed. There are numerous, persuasive arguments for this approach around cost, speed of implementation and lower risk but additionally a single system will allow a far more active approach by allowing resources to move to provide cover for gaps where activity is anticipated. It will also allow calls to be more readily streamed to clinicians to allow greater volumes of “Hear and Treat” and better management of resources at hospital.

Overall, a single CAD system represents the least levels of complexity, risk and cost. Although it is technically achievable to create a level of integration and connection between disparate CAD systems, in reality it is difficult to achieve and even more difficult to maintain and can potentially hamper innovation and progress, dependent upon the level of integration.

The use of a single national CAD allows this to seamlessly happen with all dispatch desks having the ability to see calls taken from any control room and also all of the resources available to respond. This virtual environment represents the quickest response to patients both in terms of access to control room staff and also in identifying the nearest and most appropriate response for the patient.

In order to achieve the virtual environment that a national call taking and dispatch system will deliver it is equally important that all other systems, including telephony, radio and mobile data are all integrated into a single seamless platform across all control rooms

Such a level of sophisticated integration is problematic and expensive to maintain with every upgrade to either system needing to consider the impact on the other system. This level of integration on critical systems also introduces several risks around “losing” incidents between systems due to software failures or outages.

The HIQA report sets out expectations that require a much higher level of integration than the exchange of resource information, however detailed, and the ability to move incidents between the two systems.

- The proposal would not support the implementation of a clinical support desk to achieve greater numbers of *“Hear and Treat”*.
- The proposal would not support the implementation of a dynamic deployment model using system status planning to give the optimum cover.
- The proposal would not support the ability to automatically deploy any resource to any incident from either system.
- The proposal would not support the provision of consistent and accurate reporting for both real-time application and performance analysis.
- The model would not provide a consistent approach to supporting better ambulance turnaround at hospital.
- The proposal is not clear on the separation of call taking and dispatch roles within the control room.
- The proposal will not provide the best value for money for the tax payer.

8. NAS Developments

8.1 National Emergency Operations Centre

The NAS NEOC is a state of the art ambulance call centre which uses up to date telephony technology and bespoke computers to aid dispatch. The technology allows staff to have visibility of all NAS ambulance resources and thus it can be guaranteed that the nearest available resource will always be dispatched by the NAS. The NEOC takes calls for the whole country apart from the Dublin area. The NEOC also comprises a resilience site in Ballyshannon, such that if there are any difficulties in Tallaght eg a power outage, the Ballyshannon centre will take over all call taking and dispatch operations.

8.2 Investment in ambulance services

An ambulance reform programme is taking place against the backdrop of the NAS Capacity Review. The Capacity Review examined overall ambulance resource levels and distribution against demand

and activity. Implementation of the recommendations of the Capacity Review requires a multi-annual programme of phased investment in ambulance manpower, vehicles and technology.

€7.2m additional funding was provided in 2016 for NAS including €2m in development funding. In 2017 an additional sum of €3.6m was made available which included €1m to fund new developments. This year, an additional sum of €10.7m has been made available which includes €2.8m to fund new developments.

8.3 NAS new model of care

The NAS is working to develop a new model of care to be introduced and implemented by 2020 and the plan outlines new ways in which callers to 112/999 will be triaged to ensure they receive the most appropriate care. Care will in the future be provided through alternative pathways; the implementation of some of these alternative pathways is in progress while others are to be implemented over the lifetime of the NAS action plan (2020):

- **Hear and Treat: Clinical Hub:** Patient calls are managed through telephone clinical triage and possible referral to a more appropriate treatment pathway without dispatching an ambulance vehicle. The “Hear and Treat” Clinical Hub has been in operation since 1st March 2018
- **See and Treat:** Patients will be clinically assessed by NAS paramedics and receive appropriate treatment and discharge or referral. This model has been piloted in the south east.
- **Alternative Destinations:** This aims to ensure patients are treated in the correct facility (minor injury units etc) from the outset in order to reduce the number of patients waiting unnecessarily in EDs. Discussions are ongoing with the Clinical Programmes.
- **Dynamic Deployment:** The NAS is currently moving towards strategically locating vehicles where they are most likely to be required, rather than located at a particular station. Dynamic deployment has commenced in the West and North Leinster.
- **Community Paramedic:** A new form of community based health care where paramedics will facilitate more appropriate use of emergency care resources and enhance access for patients in rural and minor urban areas. A pilot programme commenced in the border counties by Quarter 1 2018. There is ongoing recruitment and the education facility has been agreed. The NAS Medical Director has agreed on scope of practice for the pilot.
- **Community First Responders (CFR):** Local trained volunteers provide immediate assistance pending the arrival of the NAS crew. 178 CFR Groups at the beginning of June 2018.

The Trauma Report, “A Trauma System for Ireland” which was published this year by the Department sets out new systems to be implemented by the NAS. The recommendations when implemented will further significantly enhance the pre-hospital response to trauma and will contribute greatly to improving outcomes from trauma. Patients with suspected major trauma, ideally, will be transported directly to the major trauma centre within 45 minutes travel time. If travel times exceed 45 minutes, severely injured patients will be brought to the nearest trauma unit for stabilisation and management.

BRIEFING NOTE FOR PRIVATE MEMBERS BUSINESS
DUBLIN FIRE BRIGADE
19th June 2018

Background

Dublin Fire Brigade (DFB) provides emergency ambulance services in Dublin City and County, by arrangement between Dublin City Council (DCC) and the HSE. The HSE National Ambulance Service (NAS) also provides emergency capacity in the greater Dublin area, as well as non-emergency patient transport. DFB has 12 emergency ambulances, crewed by paramedic-qualified firefighters; 11 of these are funded by the HSE, at a cost of €9.3m per annum.

Future of DFB ambulance service - funding

There are no plans to remove responsibility for the provision of emergency ambulance services from DFB nor are there any proposals to merge the DFB and NAS ambulance services. There is a long standing question as to whether the DCC are appropriately reimbursed for the level of ambulances services provided by the DFB on behalf of the HSE. The HSE and DCC are in talks around the funding versus the cost of delivering ambulance services, and it is accepted that the underfunding of the service needs to be addressed.

National Emergency Operations Centre (NEOC)

The NAS NEOC is a state of the art ambulance call centre which uses up to date digital telephony technology and bespoke computers to aid dispatch. The technology allows staff to have visibility of all NAS ambulance resources and thus it can be guaranteed that the nearest available resource will always be dispatched by the NAS. The NEOC takes calls for the whole country apart from the Dublin area. The NEOC also comprises a resilience site in Ballyshannon, such that if there are any difficulties in Tallaght eg a power outage, the Ballyshannon centre will take over all call taking and dispatch operations.

Prior to January 2015, DFB and the NAS shared a control centre at Townsend Street (Tara St Fire Station) but they worked independently, with different IT systems. In January 2015, the NAS moved its call centre to the new NEOC. DFB remain at Townsend St where they take ambulance and fire calls but the computer system is outdated and in need of replacement. Plans are in place to procure a new computer aided dispatch system, but the new system will not be designed to deal with ambulance calls.

Call Answering and Dispatch

Emergency 999/112 ambulance calls made in Dublin are transferred by the Emergency Call Answering Service to either the DFB (East Region Communication Centre) or to the NEOC depending on from where in Dublin the call originated. While a good level of cooperation exists between the NAS and DFB in providing a service to Dublin City and County, difficulties persist in relation to the volume of calls received by the DFB service, with calls having to be "stacked" where no DFB ambulance resource is available to respond to a call. DFB requests for NAS assistance can be in

region of 1,000 per week and sometimes calls are passed in batches which present challenges to the NAS in terms of rapid prioritisation of batched calls.

While the mechanism is in place for the two providers to transfer calls between each other, this by its nature, carries inherent risks and can give rise to delays with, potentially, adverse implications for patients. In addition, each provider only has visibility of their own resources and therefore it is not possible to ensure that the nearest available resource is dispatched to emergency calls in the Dublin area.

Successive ambulance reviews down through the years (see more detail at Appendix 1) have pointed to the risk with having two separate call centres and recommended that there should be one point of contact for callers requiring emergency ambulance services. HIQA too has identified call handling and dispatch as a high risk in relation to Dublin ambulance services.

In order to address the patient safety risk, DCC/HSE propose to route all Dublin ambulance calls to the NEOC in Tallaght. It is proposed that DFB will establish and staff a Dublin Emergency Ambulance Dispatch operation at the NEOC under a joint governance arrangement. That Dispatch desk will dispatch all emergency ambulances in the Dublin area i.e. DFB's current fleet of emergency ambulances (12) and NAS ambulances. It is intended that the DFB personnel, while working from the NEOC, will continue to report through the DFB management structures, will retain their own branding, identity, career pathways etc. What is proposed is the development of a partnership approach to service delivery which would be overseen by a person agreed by both sides.

The proposed transfer of call taking and dispatch has been the subject of a mediation process (led by Kieran Mulvey) between DCC and SIPTU/IMPACT for some time.

6. Trade Union Forum

DCC established a trade union consultative forum to work towards securing agreement on a model of operation. That forum established an Expert Panel which proposed a 'technical solution' such that the call and dispatch function is retained in DFB but the NEOC has sight of the ambulance resources on the NEOC system. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The NEOC system has the capacity to take and dispatch Dublin calls. There are numerous, persuasive arguments around consolidating the call taking and dispatch functions, including cost, speed of implementation and lower risk but additionally a single system will allow a far more active approach by allowing resources to move to provide cover for gaps where activity is anticipated. It will also allow calls to be more readily streamed to clinicians to allow greater volumes of "*Hear and Treat*" and better management of resources at hospital.

Overall, a single CAD system represents the least levels of complexity, risk and cost. Although it is technically achievable to create a level of integration and connection between disparate CAD systems, in reality it is difficult to achieve and even more difficult to maintain and can potentially hamper innovation and progress, dependent upon the level of integration.

The use of a single national CAD allows seamless operation with all dispatch desks having the ability to see calls taken from any control room and also all of the resources available to respond. This virtual environment represents the quickest response to patients both in terms of access to control room staff and also in identifying the nearest and most appropriate response for the patient.

3.1 Department's position

It is clear that the current arrangements for ambulance call taking and dispatch in Dublin represent an unacceptably high risk to patients and it must be addressed as a priority.

While noting that the transfer of Dublin call taking and dispatch to the NEOC will have funding implications for the HSE, it is considered that the proposal to offer DFB a dispatch desk in the NEOC is the only possible solution as it will ensure operational alignment between the DFB and the NAS. DFB personnel will dispatch all resources in the Dublin area; additional call takers will however be required in the NEOC as some DFB call takers will remain in Townsend Street to deal with fire calls.

The proposal also offers additional ambulance resources to DFB and appropriate funding of the DFB ambulance service into the future.

The Department is cognisant of the very long tradition of service provided by DFB to the people of Dublin and has no wish to see this change. [REDACTED]

[REDACTED] The Department cannot oversee a situation where the people of Dublin receive an inferior service to the rest of the country. Dublin is the only area where we cannot guarantee the dispatch of the nearest resource; Dublin is the only area of the country that does not have access to the Clinical Hub. Therefore, every call in Dublin results in the dispatch of an ambulance to bring the patient to an ED, whether the patient needs to be transported or not.

The proposal put forward by the HSE/DCC will see the DFB continue to provide emergency ambulance services in Dublin. The commitment to the provision of additional resources and to address current funding deficits which forms part of the proposal, should be regarded as a vote of confidence in the future of DFB ambulance service provision.

Investment in ambulance services

An ambulance reform programme is taking place against the backdrop of the NAS Capacity Review. The Capacity Review examined overall ambulance resource levels and distribution against demand and activity. Implementation of the recommendations of the Capacity Review requires a multi-annual programme of phased investment in ambulance manpower, vehicles and technology.

€7.2m additional funding was provided in 2016 for NAS including €2m in development funding. In 2017 an additional sum of €3.6m was made available which included €1m to fund new developments. This year, an additional sum of €10.7m has been made available which includes €2.8m to fund new developments.

The NAS is working to develop new models of care to be introduced and implemented by 2020 and the plan outlines new ways in which callers to 112/999 will be triaged to ensure they receive the most appropriate care. Care will in the future be provided through alternative pathways; the implementation of some of these alternative pathways is in progress while others are to be implemented over the lifetime of the NAS action plan (2020):

- **Hear and Treat: Clinical Hub:** Patient calls are managed through telephone clinical triage and possible referral to a more appropriate treatment pathway without dispatching an ambulance vehicle. The “*Hear and Treat*” Clinical Hub has been in operation since 1st March 2018
- **See and Treat:** Patients will be clinically assessed by NAS paramedics and receive appropriate treatment and discharge or referral. This model has been piloted in the south east.
- **Alternative Destinations:** This aims to ensure patients are treated in the correct facility (minor injury units etc) from the outset in order to reduce the number of patients waiting unnecessarily in EDs; discussions are ongoing with the Clinical Programmes.
- **Dynamic Deployment:** The NAS is currently moving towards strategically locating vehicles where they are most likely to be required, rather than located at a particular station; dynamic deployment has commenced in the West and North Leinster.
- **Community Paramedic:** A new form of community based health care where paramedics will facilitate more appropriate use of emergency care resources and enhance access for patients in rural and minor urban areas. A pilot programme is underway in the border counties.
- **Community First Responders (CFR):** Local trained volunteers provide immediate assistance pending the arrival of the NAS crew. 178 CFR Groups at the beginning of June 2018.

The Trauma Report, “*A Trauma System for Ireland*” which was published this year by the Department sets out new systems to be implemented by the NAS. The recommendations when implemented will further significantly enhance the pre-hospital response to trauma and will contribute greatly to improving outcomes from trauma. Patients with suspected major trauma, ideally, will be transported directly to the major trauma centre within 45 minutes travel time. If travel times exceed 45 minutes, severely injured patients will be brought to the nearest trauma unit for stabilisation and management.

Appendix 1

Reports on Dublin ambulance services

Since the 1990s a number of reports have raised concerns about the existence of two call and dispatch centres in Dublin. The 1993 *Report of the Review on Ambulance Services* proposed that the two organisations in Dublin should function as a single entity using a single command and control facility. A subsequent review was conducted in 2001 (*2001 Strategic Review of the Ambulance Service*) which also promoted a single command and control centre and no duplication of services.

DCC and HSE conducted a comprehensive review in 2007 which found that many of the goals of the 1993 review had not been fully implemented. The review identified 15 key recommendations underpinned by the principle that any member of the public or health professional should have a single point of contact with the emergency ambulance services serving Dublin City and County and receive a response from the nearest appropriate emergency care resource in the shortest time possible. Once again an integrated command and control unit was advocated.

HIQA Review

In December 2014, HIQA published a review of pre-hospital emergency care. It made a series of recommendations on Dublin services, to address patient safety issues, reduce risk and improve cooperation between the NAS and DFB. The report highlighted significant public safety issues arising from two ambulance services operating in the same domain and identified concerns around the existence of two separate control and dispatch processes. The need for greater clinical governance of both services also highlighted. While progress has been made in the implementation of the HIQA recommendations, and this was acknowledged by HIQA in a follow up report in 2017, no progress has been made to address the extant call taking and dispatch risks.

NAS Capacity Review (2016)

The Review identifies deficits in NAS capacity and points to the need for a multi-annual programme involving phased investment in manpower, vehicles and technology. The Capacity Review also identified the requirement for the migration of all call taking and dispatch of ambulances in Dublin to the NEOC in order to ensure a safer and more responsive service.



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

DRAFT

- 1. Joan Regan**
- 2. Tracey Conroy**
- 3. Secretary General**
- 4. Runai Aire**

Support for reform of ambulance call and dispatch in Dublin

The purpose of this note is to inform the Minister of correspondence received from the Chief Executive Officer of Dublin City Council (DCC) requesting a letter of support from the Minister for reforms being pursued by the HSE and DCC management in relation to ambulance call and dispatch services in Dublin. This call for support follows a Dáil Eireann Motion passed on 19 June 2018 in relation to the Dublin Fire Brigade (DFB) Emergency Ambulance Service. DCC has also written separately to the Department of Housing, Planning and Local Government along the same lines.

Private members' motion

DFB Ambulance Services was the subject of a private members' motion, on 19 June 2018, where issues of funding and increased capacity for the DFB were raised. While the Government supported the motion, it did so in the context of the need to address the patient risk posed by the separation of the National Ambulance Service (NAS) and DFB call answering and ambulance dispatch functions. A late and problematic amendment tabled by the Labour Party, accepted by Fianna Fail and not opposed by the Government, called for the implementation of the Expert Panel Report (December 2015).

Expert Panel Report

Following publication of the HIQA report (2014), which was critical of governance arrangements of pre-hospital care services in Dublin and the level of cooperation between NAS and DFB, Dublin City Council established a consultative forum to consider how to address the HIQA findings. The purpose of the forum was to consult with the Dublin Fire Brigade unions. The report which can generally be considered as reflecting the views of those unions, was published in December 2015. The main recommendations made in the report were:

- DFB to continue to provide fire-based emergency medical services in the Dublin area through its own call taking, dispatch and corporate and clinical structures;
- To address the problematic call and dispatch arrangements between NAS and DFB, an integrated computer-aided design (CAD) solution be developed by either of the existing call and despatch system suppliers or by a third party designed to ensure that a common view of resources (call signs and status) can be seen across both systems;

The findings and the recommendations in the Expert Panel were not accepted by DCC Management who viewed them as simplistic and unsustainable in addressing the HIQA patient safety concerns in relation to call and despatch. Both DCC Management and the HSE after due consideration remained

convinced that the migration of the emergency ambulance call taking /dispatch functions to the NAS National Emergency Operations Centre (NEOC) was the preferred option.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Letter from Dublin City Council

On 20 November 2018, Owen Keegan, the Chief Executive of DCC wrote to Tracey Conroy stating that the Council welcomes the fact that all contributors to the private members' motion were supportive of the emergency ambulance service provided in the Dublin region by DFB and wished to see the service continued. However, the Chief Executive stated that his position and the position of DCC had been misrepresented by a number of TDs during the motion debate in relation to the challenges DFB emergency ambulance service faces.

The Chief Executive of DCC issued a detailed response to this motion to all TDs in July 2018. He set out the reasons why the implementation of the recommendations of the *Expert Panel*, would not provide a basis for addressing the challenges the service faces and would not ensure a sustainable future for the service. He also stipulated the actions being pursued by DCC management in order to address the concerns raised by HIQA and to secure the future of the DFB emergency ambulance service. The actions include a proposal developed between the HSE and DCC management whereby DFB personnel, based in the National Emergency Operations Centre (NEOC), would operate the emergency ambulance dispatch desks while NAS personnel operated the call taking desks. Subject to the implementation of the proposed changes, the HSE would seek funding and enter in to negotiations with DCC to fund the full cost of the DFB emergency ambulance service and to fund additional ambulances. [REDACTED]

[REDACTED]

Background of the ambulance service in Dublin

DFB provides emergency ambulance services in Dublin City and County by arrangement between DCC and the HSE. The NAS also provides emergency capacity in the greater Dublin area, as well as non-emergency patient transport. Since the 1990s a number of reports have raised concerns about the existence of two separate ambulance call and dispatch centres in Dublin; one operated by the NAS and the other by DFB.

Emergency calls for ambulances in the Dublin area are managed from the DFB control room in Townsend Street, Dublin; DFB personnel take calls and dispatch resources for both ambulance and fire services. However, the telephony system in Townsend St is outdated and in need of replacement; calls are dispatched over the radio. DFB has 12 ambulances and, in addition, 21 fire appliances are available to be dispatched as first responders (DFB fire fighters are also paramedics). Where DFB does not have a resource available or where the resources are deemed to be too far away, the call may be stacked to await a resource or passed over the telephone to the NEOC with a request for NAS to respond. DFB requests for NAS assistance, are more than 60 requests per day. More recently, DFB

pass calls in batches of 10 to 15 which present increased challenges to the NAS in terms of rapid prioritisation of batched calls.

Patient Safety Risk

The current call taking arrangements represent a patient safety risk and give rise to delays in the allocation of ambulance resources to patients, including in potentially life-threatening situations. The HIQA 2014 review of pre-hospital care made a series of recommendations on Dublin services, to address patient safety issues, reduce risk and improve cooperation between the NAS and DFB. It highlighted significant public safety issues arising from two ambulance services operating in the same domain and identified concerns around the existence of two separate control and dispatch processes. While progress has been made in the implementation of the HIQA recommendations, acknowledged by HIQA in a follow up report in 2017, no progress has been made to address the extant call taking and dispatch risks. Whilst such arrangements remain in place the system is cannot be relied upon as delivering optimum patient safety.

There have been many reports of persons waiting for an ambulance in Dublin when a NAS resource was nearby and available. Some time ago, the NAS Medical Director, an Emergency Medicine Consultant, was caught in a traffic jam in Dublin not knowing that the cause of the jam was a road traffic accident just ahead of him. Had he been aware of the incident he could have used his blue light to get to the scene quickly and provide assistance. A recent caller to Joe Duffy's Lifeline Programme complained of an ambulance delay in Drumcondra as the elderly patient lay on the floor after a fall. HSE communications heard the report, made contact with RTE to get the patient's address, and immediately dispatched the nearest available resource. NAS paramedics were attending to the patient when the DFB fire tender arrived. These are just two examples where lack of integration is negatively affecting patient safety and it risks undermining public confidence in our services.

Mediation Process

A mediation process, led by Kieran Mulvey, between DCC and SIPTU/IMPACT has been underway for some time. Following several meetings, with both formal and informal discussions, DCC and the HSE put forward the following revised proposals:

- All ambulance calls will be routed to the NEOC in Tallaght
- DFB will establish and staff a Dublin Emergency Ambulance Dispatch operation at the NEOC in Tallaght moving from its existing location at Townsend Street under a joint governance arrangement.
- The Dublin Dispatch desk(s) will dispatch all emergency ambulances in the Dublin area i.e. DFB's current fleet of emergency ambulances (12) and NAS ambulances.
- The HSE will immediately provide and fund an additional 24/7 ambulance for DFB and will commit to a further review of capacity requirements.
- HSE/DCC will jointly and strongly pursue the resolution of outstanding funding issues relating to the DFB emergency ambulance service.
- DCC and the HSE will establish a permanent management governance arrangement – DCC/DFB and HSE/NAS, building on the positive work being carried out by the interim Governance Structure already in place following the HIQA Review (2014).
- DFB will continue to take calls and dispatch its Fire Tenders from Townsend Street.

At a meeting on 5 March last, the trade union side indicated that they are prepared to enter into discussions with DCC management on the detailed arrangements for the transfer of all emergency ambulance call taking and dispatch functions to the NEOC. However, the Chief Executive of DCC has informed the Department that they have been unable to get the trade unions to participate in a further mediation session to agree details of the new arrangements. We have been informed that DCC management decided to put the reform proposals to the DFB trade unions through the formal industrial relation process on 19 November 2019. It has been reported to DCC that the reason for the non-engagement by the unions is due to the acceptance of the private members' motion.

Department's Position

It is clear that the current arrangements for ambulance call taking and dispatch in Dublin represent an unacceptably high risk to patients and it must be addressed as a matter of priority.

While noting that the transfer of Dublin call taking and dispatch to the NEOC will have funding implications for the HSE, with full year costs in the region of €2.2m, it is considered that the proposal to offer DFB a dispatch desk in the NEOC is the only possible solution as it will ensure operational alignment between the DFB and the NAS. DFB personnel will dispatch all resources in the Dublin area; additional call takers will however be required in the NEOC as some DFB call takers will remain in Townsend St to deal with fire calls. The proposal also offers additional ambulance resources to DFB and appropriate funding of the DFB ambulance service into the future.



Substantial additional investment would be required to effectively replicate the Ballyshannon centre in Townsend St. The provision of a 3rd centre and a 2nd resilience site is totally unnecessary given that the NEOC system has the capacity to take and dispatch Dublin calls. Best practice is to ensure that call takers and dispatchers work in close proximity which would not be the case if the Dublin calls were routed through the NEOC but dispatched from Townsend St. We have been advised that all of the proposed technical solutions have been independently examined but none of them assuage the patient safety concerns.

The current difficulties emanate from a lack of integration and thus can only be resolved by providing a joined up, integrated service from a shared location. The DFB personnel, while working from the NEOC, would continue to report through the DFB management structures, retain their own branding, identity, career pathways etc. What is proposed is the development of a partnership approach to service delivery which would be overseen by a person agreed by both sides.

The Department is cognisant of the very long tradition of service provided by DFB to the people of Dublin and has no wish to see this change. [REDACTED]

[REDACTED] We cannot oversee a situation where the people of Dublin receive an inferior service to the rest of the country. Dublin is the only area where we cannot guarantee the dispatch of the nearest resource; Dublin is the only area of the country that does not have access to the Clinical Hub in the NEOC, where certain low acuity calls are treated over the phone by receiving medical advice from nurses. Therefore, every call in

Dublin will result in the dispatch of an ambulance to bring the patient to an ED, whether the patient needs to be transported or not.

Recommendation

The Minister should indicate his support for the reforms being pursued by the HSE and DCC management which would ensure that Dublin will have an integrated emergency ambulance service delivered by NAS and DFB working together in partnership and putting patient safety first.

If the Minister agrees with the recommendation it is proposed that letters of support to DCC should issue concurrently from this Department and from the Department of Housing, Planning and Local Government.

Danny Smith
Acute Hospital Policy Unit 3
28 November 2018